

July/August, 2002

CARIBBEAN PULSE



Navy Surgeon General Comes to Puerto Rico for Site Visit and Hospital Corps Ball

Story by HM3 Daniel Henry

Being the surgeon general is a hard job. The special burden of leading Navy Medicine in the 21st century, providing the guiding vision for innovative integration of health care services for hundreds of thousands of beneficiaries, dropping everything at a moments notice for an awe inspiring jaunt to Puerto Rico. Puerto Rico? Yes, Puerto Rico!

VADM Michael Cowan recently proved that you can have a great time, good food, and loads of fun, all while reaffirming the Navy Medicine mission as he took time out from his busy schedule to join the corpsmen of Roosevelt Roads as they celebrated the 104th anniversary of the founding of the Hospital Corps on June 14th. Admiral Cowan and his aide, LCDR Jeff Plummer were feted to true Caribbean Hospitality as the Naval Hospital Corps Staff put together a memorable evening - an evening highlighted by the Surgeon General himself, who served as guest speaker for the occasion.

Admiral Cowan spoke not only to the History of the Corps and its accomplishments, but, also, particularly, to the daunting road ahead - of the crucial role that Navy

Medicine [and, specifically, the Hospital Corps] will play in the war on terrorism. Marking the significance of the unknown task before us, he emphasized that preparation and commitment were the keys to accomplishing our goals - now, and in the future.

Taking full advantage of the opportunity to visit one of shining stars of Navy Medicine, Admiral Cowan joined the NHRR Executive Steering Council along with leaders from the Veteran's Administration and Fort Buchanan for a brief of some of the innovative initiatives put into place at Roosevelt over the last year. Of particular interest was the DoD/VA Resource Sharing and Services Integration; a pilot program here that aggressively attempts to meet the needs of an extensive population of active duty and retirees throughout the Caribbean basin.

Admiral Cowan also got a look at the end stages of NHRR's twenty-one million dollar total infrastructure renovation. This was a three-plus year project assuring that the Naval Hospital will be able to meet the needs of the service members and their families in Puerto Rico for many years to come.

Admiral Cowan held an Admiral's call for the NHRR staff, where he gave his vision for the future of Navy Medicine, shared his thoughts on the good job being performed at Roosevelt Roads, and answered questions from civilians, enlisted and officer alike regarding the role we play, and, the direction that we, as an organization, are headed.

Before leaving the island, Admiral Cowan took the opportunity to visit the 'El Yunque'- the National Rain Forest, get in a few rounds of golf with NHRR staff and partake of some of Puerto Rico's finest gastric offerings.

Yes, the Surgeon General's job is hard... but somebody has to do it.



At the helm...

**CAPT Patricia Hurley-Netzer, Nurse Corps
Commanding Officer**

Department of Defense and Veterans Affairs Integration

Twenty years ago Congress authorized the Department of Defense and Veterans Affairs to share medical resources to reduce costly redundancies. Seeing this as an opportunity Naval Hospital Roosevelt Roads (NHRR) and the San Juan Veterans Medical Center (SJVA) have initiated several working groups to investigate partnership initiatives that will improve patient care to both beneficiary groups. The meetings started in March of this year and have been very fruitful for both facilities. Dr. Rafael E. Ramirez, Medical Director, VAMC and Captain Patricia H. Netzer, Commanding Officer NHRR chair quarterly meetings.

Currently, LTCOL Francisco Carpio from NHRR works 1½ days per week seeing clinic and performing urological surgery on veterans at the SJVA. This is a definite win-win for NHRR, VAMC, and LTCOL Carpio. It ensures that our military urologist has sufficient patients for clinical and surgical proficiency while improving access to limited urological services at the VA.

Other initiatives being considered are:

- Exchange of computerized information systems (CHCS and VISTA)
- Establishing a DoD/VA Resource Sharing clinic to see DoD retirees
- Establishing a VA Clinic on the eastern tip of Puerto Rico and using NHRR for surgical specialty referral for veterans living on this end of the island
- Training initiatives
 - Tumor Board via teleconferencing
 - Aerospace Medicine rotation for VA residents
 - Ground Rounds
 - National Conferences sponsored by VISN
- Use of VA contractual vehicles (prime vendor) for Medical/Surgical supplies and pharmaceuticals
- Coding and transcription
- Linen services

We are very proud of the relationship that we have enjoyed with the San Juan VA Medical Center over the years. Our partnership is evolving into a concept that is new, exciting, and dynamic and will allow both facilities to explore ideas that will minimize healthcare costs, improve access, and eliminate redundancy.

NAVAL HOSPITAL ROOSEVELT ROADS

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focus on retention



**HM1 Anita M. Bouges, NHRR
Command Career Counselor**

As the new Command Career Counselor at Naval Hospital Roosevelt Roads I am blessed with the privilege of serving over 230 enlisted staff members. With the aid of my co-worker, HM2 Hendricks and the assistance of several Retention Team members I hope to establish a one-on-one relationship with each and every one of you.

Roosevelt Roads is a dynamic place with an abundance of benefits for an overseas shore billet, ranging from social, educational and cultural opportunities.

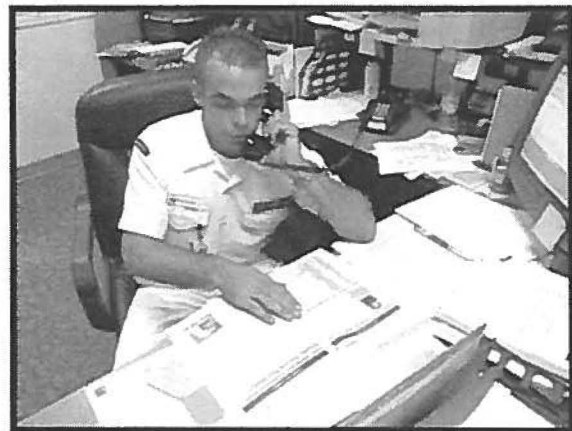
My primary focus includes increasing awareness of career options through utilization of various programs such as SCORE, REGA, C-Schools and Commissioning programs. With the help of the Retention Team members, every enlisted person has gone on-line and logged onto BUPERS Access and visited the CANTRAC Homepage at least once. These two websites are the tip of the iceberg when it comes to exploring your future naval career. The more you know, the more options you have and are better able to plan.

As Hospital Corpsman our primary mission is to serve the fleet, whether on shore, sea or with the Marines. This requires us to be trained and ready for the call to action. Numerous updates have been made to the JASS website which list, in priority, billet openings by the Enlisted Personnel Authorizing Center (EPMAC). Every enlisted staff member can access and view JASS and it's color coded layout makes for an easy read. Through the Command Career Counselor Office you can submit applications for billets once you are 9 months from your Projected Rotation Date (PRD).

There are 5 critical times when the Command Career Counselor will need to meet with you. They are: (1) Upon your reporting, (2) upon completion of 12 months on board, (3) Completion of 18 month in the Navy, (4) 12 months before your EAOS and (5) At your 17 year mark.

So be on the look out for your invitation to the Command Counselor Office or simple e-mail, phone or pop in. The Command Career Counselors are standing by, ready to serve.

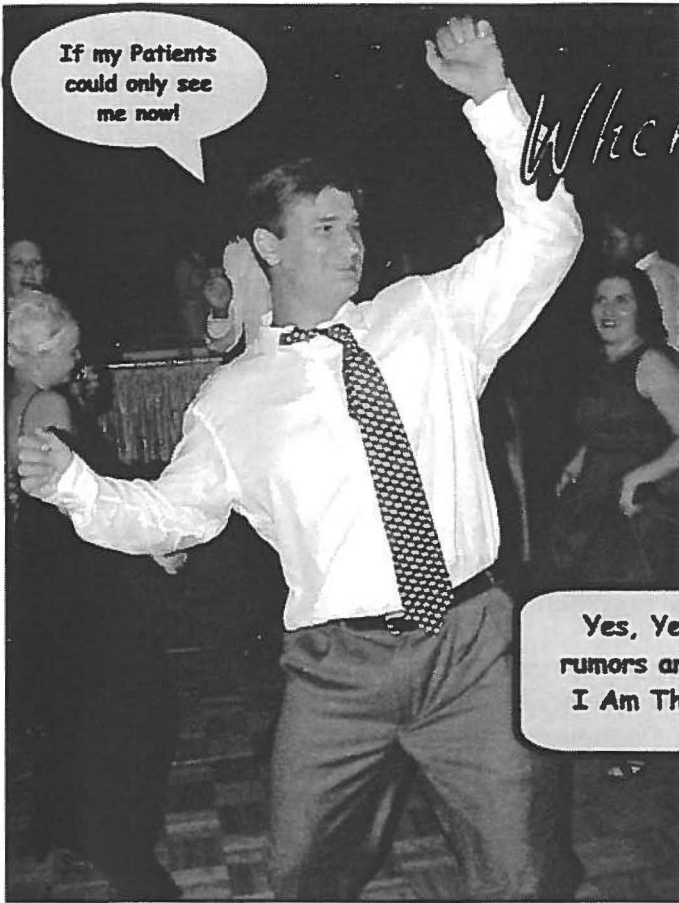
HM1 Anita Bouges



**HM2 (FMF) Jonathan Hendricks, Command Career
Counselor, talks shop with the detailers**

Where's The Party At?

If my Patients
could only see
me now!



At a Hospital Corps Ball, the ceremony is always special: solemnity, elegance, pomp and circumstance. No matter what else is going on, though, the real reason everybody shows up is to party - And what a party it was!!!

Here, for your, um, viewing pleasure... is evidence of just what happens when the party animal's get loose at Rosey Roads.

Disclaimer: The Names have been changed to protect the guilty *and* the innocent!)

Yes, Yes, the
rumors are true...
I Am The Man!



So Fresh and So
Clean! Clean!

Honey, I didn't know
doing the cabbage
patch was
illegal...Honey?!?



Umph! Umph!! Umph!!!
Now That's My Song!





"Um, Skipper,
What exactly is
a Groove
Thang?!"

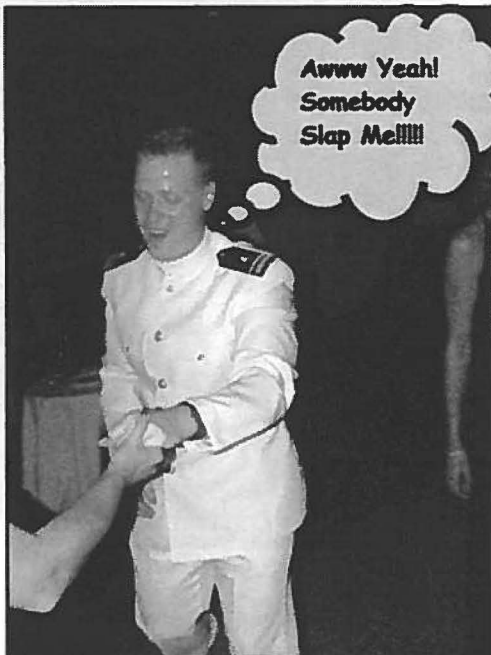
"Hey, XO, I
didn't know you
knew how to
shake your
"Groove Thang!"

Honey, you're smiling
like you have a wedgie
or something.

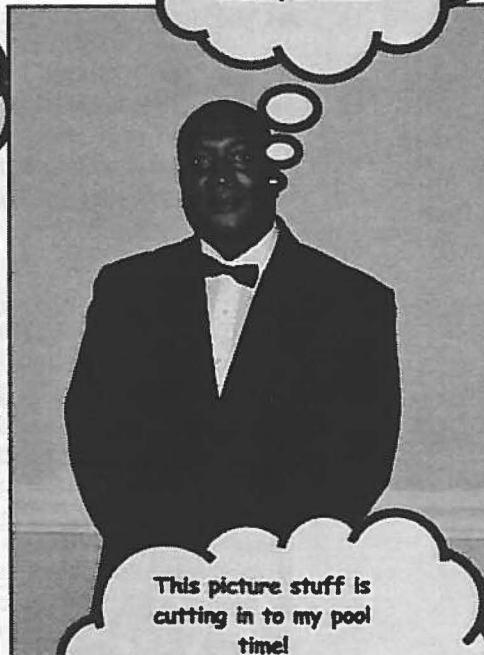
LT Hanson, if I
could reach over
into the next
frame, I would.



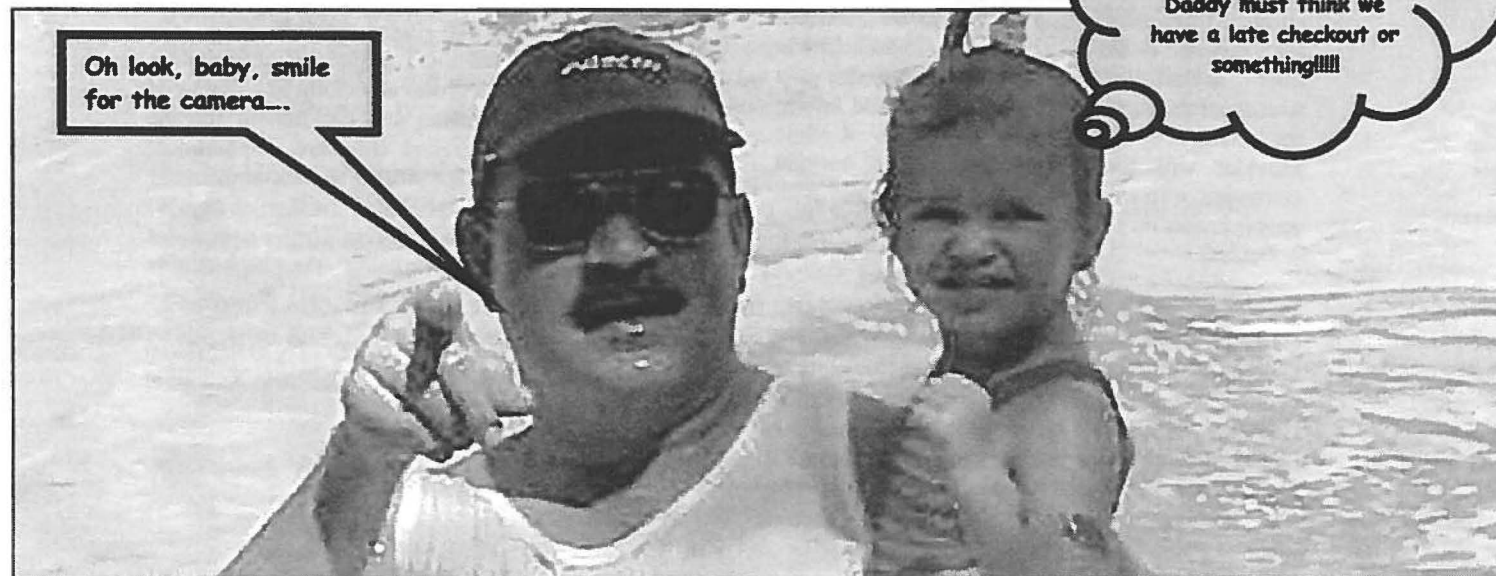
Sweetheart, I do
have a wedgie-
Or something!



Awww Yeah!
Somebody
Slap Me!!!!



This picture stuff is
cutting in to my pool
time!
Daddy must think we
have a late checkout or
something!!!!



Oh look, baby, smile
for the camera...

Women's Health Care Initiatives

in focus at NHR

CDR Patricia McDonald, Certified Nurse Midwife, Women's Health Nurse Practitioner

Women's Health encompasses much more than obstetrical appointments during pregnancy or a required annual Pap smear appointment for renewing birth control. The Naval Hospital has made great strides in improving services and access to women desiring health care throughout their lifetime. Active committees that specifically address Women's Health at the hospital include the Breast Health, Education and Support Committee, the Perinatal Advisory Board and the Mother & Child Health Care Program.

In the past, women were required to receive a consult from their primary care provider in other clinics such as Family Medicine, Internal Medicine or FT Buchanan in order to schedule an appointment in the OBGYN Clinic. This step has been removed and women can now self-refer by calling the OBGYN Clinic directly at 865-5910 to schedule. In addition, children are allowed to attend their mother's obstetrical appointments in the OBGYN Clinic as long as the children are in good health and accompanied by another adult. The clinic has also established infertility appointments for evaluation and treatment, which can include surgical tubal reversal. For women who travel a long distance to the hospital and desire to schedule their annual well-women appointment and mammogram on the same day, they should inform the person scheduling their appointment. A clinic provider will place the order in the hospital computer, allowing the patient to schedule both appointments on the same day when possible.

The Breast Health, Education and Support Committee was established in 1998. Locally, the hospital committee is responsible for hosting a quarterly Breast Cancer Support Group, providing Health Fairs, supporting the annual 5k run/walk for Breast Cancer Awareness, presenting Breast Health and Breast Cancer Awareness education to the high

school students, commands and community groups in addition to initiating and coordinating the Women's Health Day Open House. The 2nd annual Women's Health Day is scheduled for October 3,

2002 from 0730-1600 at the Wellness Center, Naval Station Roosevelt Roads. Some of this year's topics include Hormone Replacement and Menopause, Planning a Pregnancy, Breastfeeding, Osteoporosis, Heart Disease in Women, Mammograms, Healthy Cooking, Skincare, Massage, Stress Management, Women & Depression, Sun Safety, Cholesterol Management and a fashion show with NEX fashions. All women are invited to attend any or all of the presentations.

The local Perinatal Advisory Group, established by the Bureau of Medicine and Surgery, consists of a multidisciplinary team of hospital staff members participating in perinatal care. Through Video

Teleconferencing and E-mail communication, the team members can share with other

Naval Hospitals "best clinical practices" in order to provide quality healthcare to all beneficiaries.

The Mother & Child Health Care Program is a group recently established as part of the hospital's strategic plan. This group is looking at all areas of care that affect mothers and children to include classes in pregnancy and childcare, appointment availability in the Obstetrical, Pediatric and Family Medicine clinics, proposing a facility change to remodel the Labor & Delivery Unit, support for breastfeeding and advertising the high-quality obstetrical services to name a few.

For more information contact OBGYN at 865-5910 or the Family Medicine and Pediatric Clinic at 865-5895.



Jessica and Nicole Sheffield stop by for an OB Check-up

Command Managed Equal Opportunity



LCDR (sel) Mary Hupp, MSC, USNR,
NHRR CMEO

Harassment vs. Discrimination - What's the Difference?

People often use the terms harassment and discrimination interchangeably; however there is a difference. Take a look: Harassment means to trouble, worry or torment someone on a persistent basis. The important phrase here is "on a persistent basis." Usually a one-time offense is not considered harassment in the eyes of the law.

Types of harassment include:

- Verbal - things said, written or inappropriate sounds.
- Physical - hitting, pushing, blocking someone's way or inappropriate touching.
- Visual - includes calendars, pictures or any inappropriate object that can be clearly seen.

Discrimination occurs when a person or group of people are treated differently from another person or group of people. Discriminatory harassment is harassing and/or discriminating behavior that is severe or pervasive enough to create a hostile working environment and/or result in a tangible employment action. Title VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, sex, religion, national origin, color, pregnancy, etc.

The Equal Employment Opportunity Commission (EEOC) has stated that all employees have the right to work in an environment free from any type of discrimination and harassment. This means that organizations and employees can be held liable for any behavior that would be considered discrimination or harassment.

Bottom line, harassment is making someone's life miserable at work. Discrimination is treating someone differently based on who they are. Although these two terms have different definitions they are often related. It's illegal to make someone's life at work miserable, because of things like race, religion, disability, sex, etc. But if that person quits or doesn't get a raise because of the harassment they suffered, the offender/organization would be charged with both harassment **AND** discrimination.

Naval Hospital Roosevelt Roads **will not tolerate** any acts of sexual harassment, discrimination, intimidation, or reprisal. Enforcement of this policy will be accomplished through punitive, disciplinary, or administrative action.

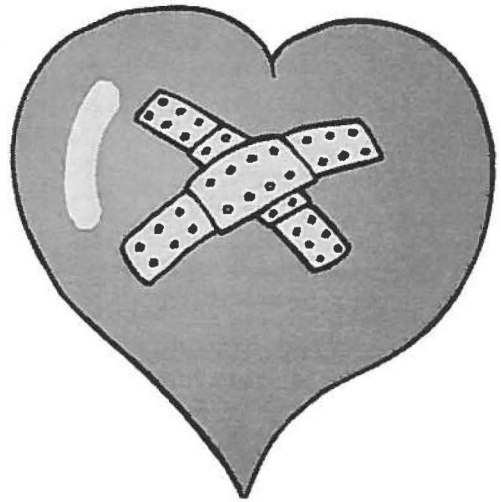
For more information, please contact the Command Managed Equal Opportunity (CMEO) Officer at 865-5803/865-5875 or the Civilian EEO Counselor at Roosevelt Roads at 865-4362.

High Blood Pressure!

...THE SILENT KILLER

By Samuel Rivera, PhD, Health Promotion Educator

Blood Pressure – do you know your numbers? According to the American Heart Association, every 34 seconds an American dies of cardiovascular (heart) or blood vessel disease in the United States. These numbers are shocking and are rising. Annually, heart disease and high blood pressure are responsible for over 925,000 deaths in our population. High blood pressure or hypertension is also known as the silent killer.



Why the "Silent Killer" ? Unless the blood pressure just happens to be checked, most people would not know that their pressure is elevated. It reveals no symptoms and attacks unsuspecting people of all ages and background. You can go for years without ever knowing you have high blood pressure. It is very important for us all to understand and identify the risk factors that put us in the sight of the silent killer.

There are risk factors that are uncontrollable and those that we can control through life style changes.

Risk factors that we can not control :

- Age - High blood pressure occurs more often in men over the age of 35 and women over the age of 45
- Gender - Men are more likely to develop the condition than women up until age 55
- Family history - Your chances increase if your parents or close relatives have the condition of high blood pressure
- Race - Afro-American and Hispanics are more likely to have high blood pressure than the general population.

The more uncontrollable factors you have, the more important it is to make life style adjustments that you can control.

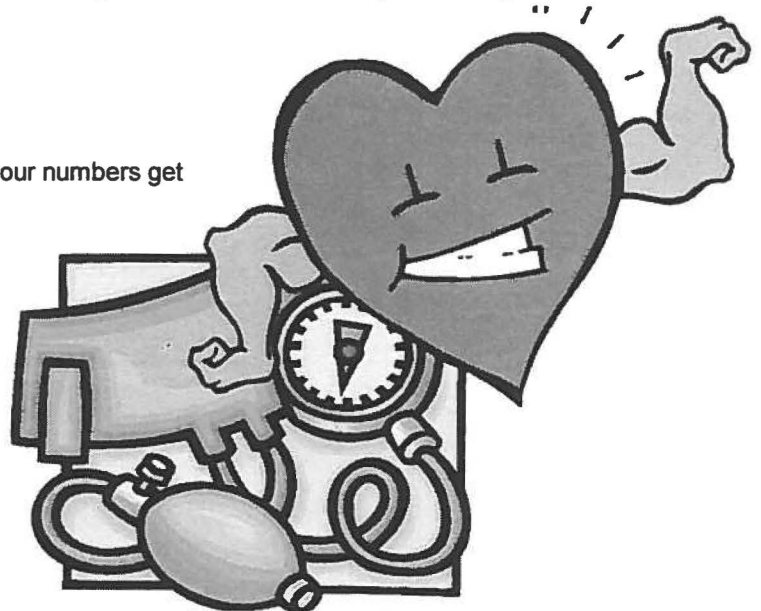
These are the risk factors that relate to life style that we can control:

- Tobacco use - Whether chewing or smoking, tobacco raises your blood pressure dramatically by stimulating your heart to beat faster and pump harder.
- Being over weight - Weight loss will help in lowering your high blood pressure. Individuals that are over weight are more likely to develop diabetes, heart diseases and high cholesterol levels in the blood.
- Stress - Learn how to cope with stress. Stressed individuals tend to have high blood pressure. Meditate, listen to soft music or do relaxation exercises daily.
- Medication - If you are take high blood pressure medication, ensure that it's taken faithfully.
- Exercise - Participate in a regular exercise program. This will tone your heart, blood vessel, muscles and help your blood pressure stay at a healthy level.
- Alcohol - Heavy and or regular consumption of alcohol increases your blood pressure dramatically. It has also damaging effects to your liver and kidneys.
- Eating habits - Limit your salt intake in your diet. Too much salt causes the body to retain water, which increases the volume of blood in circulation and pressure in the arteries. Eating fried and high fat/cholesterol foods will clog the arteries hindering them to properly circulation blood in the body.

Everyone should take a preventive approach in reducing their life style risk factors. This will not only improve your health and lower your risk of having high blood pressure but will also decrease your chances of having a heart attack. A plan of action to reduce these risks factors should be accomplished with the assistance of your physician and or a health care professional. The Wellness Center can assist in reducing your life style risk factors with the services that we offer: Tobacco Cessation class, Cholesterol Education, Nutrition and Weight Control, Stress Management, High Blood Pressure Screening and Physical Fitness.

Remember the "silent killer" is out there; don't let your numbers get too high !

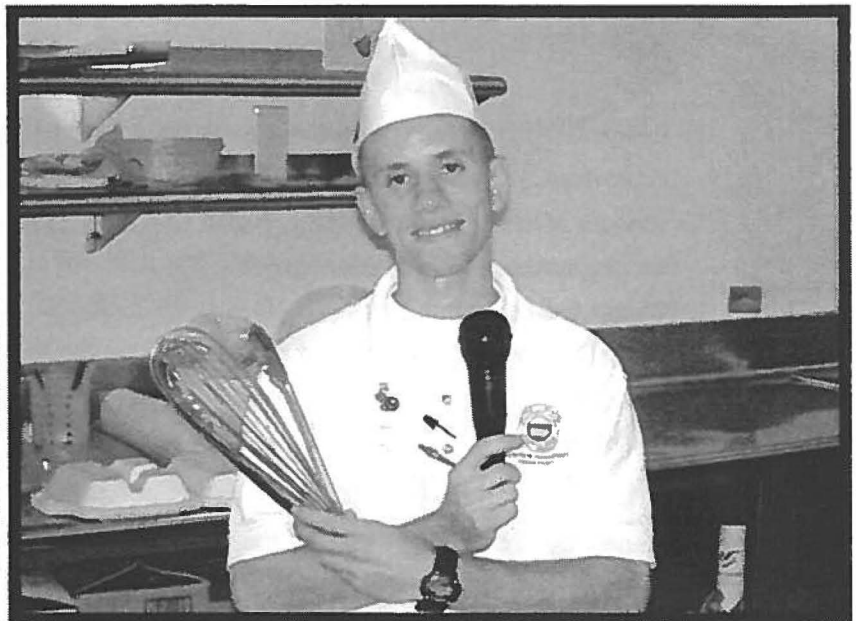
Please call the Wellness Center at 865-4944 for further information.



What's Happening!

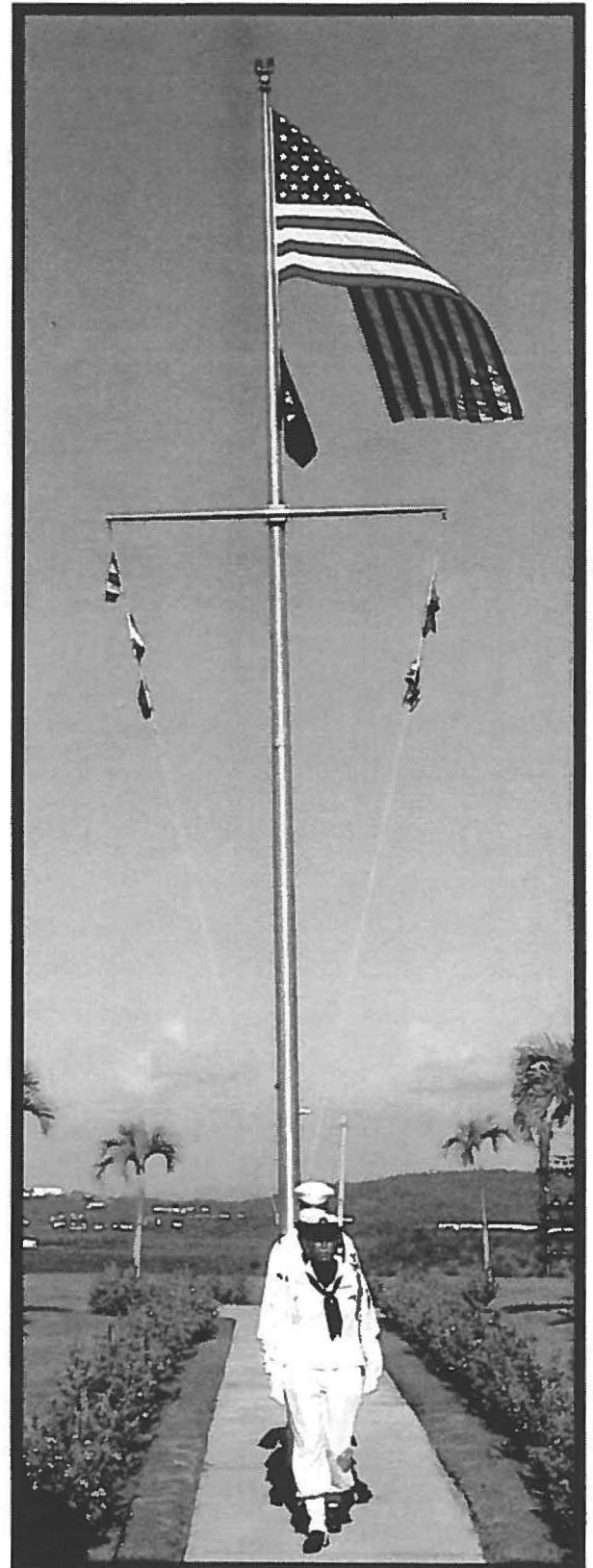


Clockwise from Above: The NHRR Softball Team gets into the swing of things with new uniforms and a new season on the horizon; Our very own singing chef, Luis Concepcion, utilizes the tools of his trades. Luis recently released his first CD; LCDR Jaime Rodriguez sheds his railroad tracks for an Oakleaf; HM1 Valton Johnson strikes a patriotic pose after re-enlisting on the quarterdeck



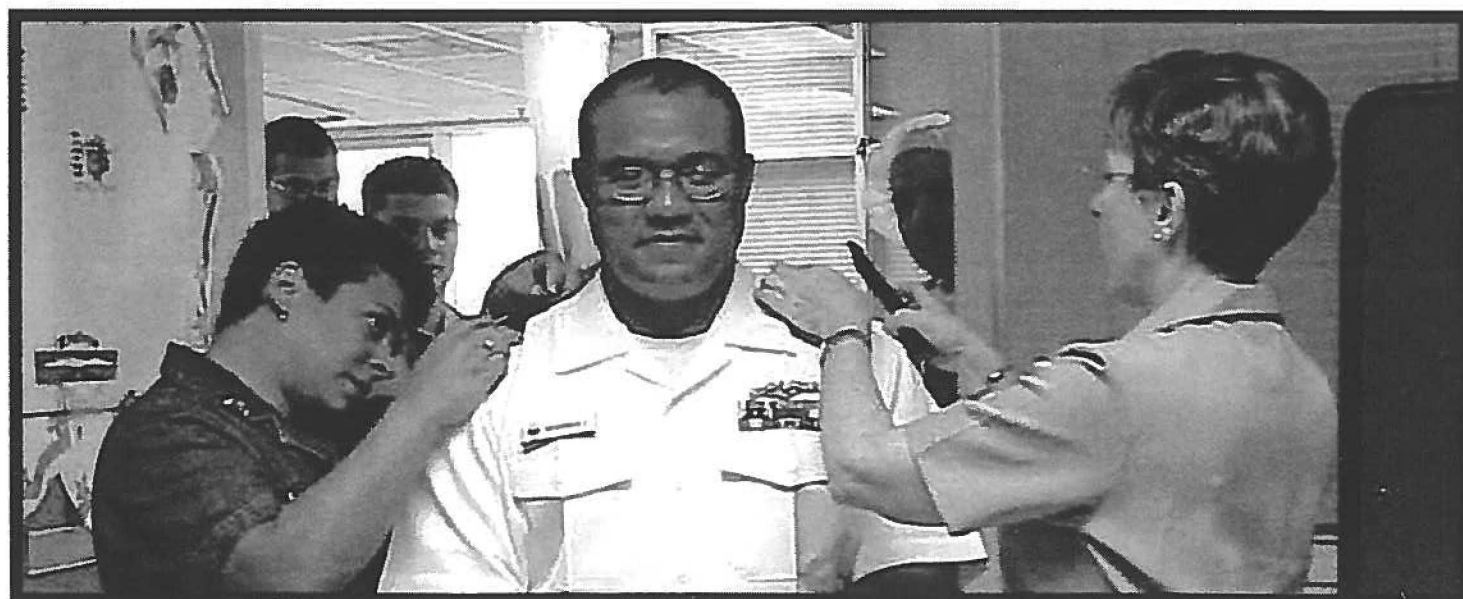


Clockwise From Top Left: HM2 Mike Walls, NHRR Sailor of the Quarter; CAPT Congratulates one of our Sea Cadets; Morning Colors Rendered with Honors; NavHosp civilians get together for an early morning photo in recognition of their contributions; Admiral Cowan joins the Skipper, DFA, and Contractors from Reliable on a tour of the last construction phase of renovations here at Naval Hospital





Clockwise from Top Left: CAPT John Cherry gets his O-6 bars penned on by the CO and XO; SKC Hiponia trades in his anchors for an MSC commission as a LTJg; Promotions seem to be all the rage at NHRR as LT Rodriguez from the Special care unit moves one rung higher in the chain of command; a photo of the famous Lone Sailor at the Navy Memorial was captured in his ever stoic grace during HM3 Henry and HM2 Jowhar's DC adventure over the 4th of July.



Clockwise from Top: Mr. Quinones is selected as Civilian of the Quarter; HM1 Bush hams it up with the Skipper as he presents her a Certificate from the Red Cross; The Junior and Senior Corpsmen at Colors, HM1 Reevey and HN Chilson join the CAPT in a Cake Cutting ceremony in honor of the Hospital Corps; Some of the hardest working guys on Roosevelt Roads, Reliable Contractors, Take a moment to pose for the Camera; CDR Kealey is joined by his family at his recent promotion.



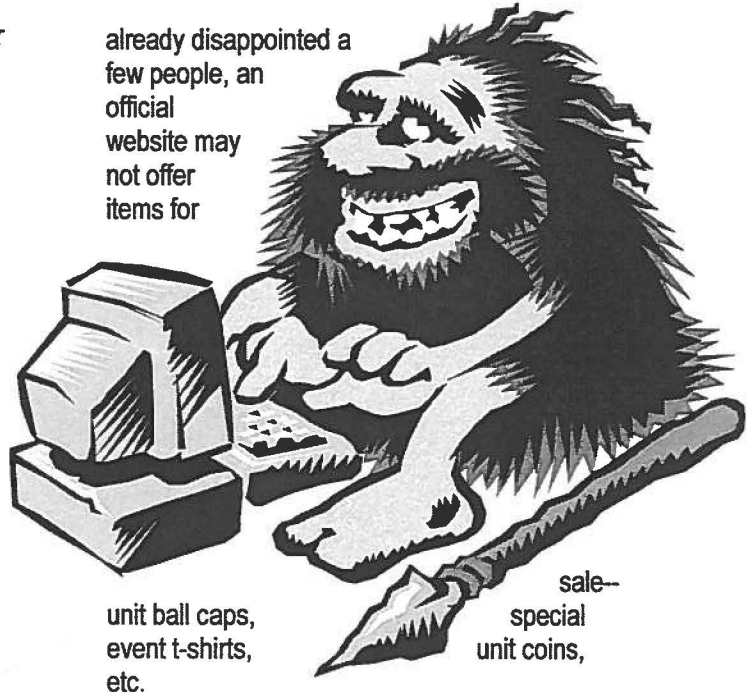
Live from the World Wild Web!

Well, it's no secret that the new public website for the Naval Hospital is up and running. I certainly owe a debt of thanks to all the individuals who helped make it possible. After all, the thousand and one details that make up a good website, the details that have to be created, organized, checked and rechecked came from you, the hospital staff, not from me; I just moved the mouse a bit to bring it all together. And it's not finished yet. Unlike a magazine article which is frozen forever on the page, a website is a living, evolving document. There are no finished websites, only sites in differing stages of development. So your ideas, suggestions, corrections, and updates are in continual demand.

Having said that, however, as you make suggestions to improve our public face, keep in mind our site's target audience: our patients, personnel & families PCSing to the Naval Hospital, and our staff. I've already had many good suggestions that are really more appropriate for the private inside-the-hospital intranet, which is under development, than the public internet. Certainly many of the really "cool" ideas staff members have suggested are just not possible on a public site given today's enhanced force protection environment. This means, among other things, no more Web Babies.

Not to quote regs to you, but just so you'll have a feel for the DOD/NAVINST that govern web development, public military websites may not: display pictures that identify any person (other than the CO/XO/CMC & PAO); mention by name assigned personnel or their family members (other than CO/XO/CMC & PAO); list personal phone numbers, beeper numbers or addresses; or show personal e-mail addresses. Of course, information about current plans, contingency plans, or Naval operations cannot be posted on a public website, either. And something that has

already disappointed a few people, an official website may not offer items for



While the emphasis on the public NHRR website is communication with clients, the hospital intranet is shaping up to be more of a working, database-driven tool for the staff to use on a daily basis, not only as a means for the Command suite, MWR, and various organizations to pass the word to hospital staff, but also to help centralize and automate many of our regular functions using web-type pages. As with the public site (which is in no way finished by the way) we've planned a staged deployment of the intranet. After the initial intranet pages are up and running, I'll be adding features, layers of complexity, and automation.

Rick Kennerly

after thoughts...

“Slow Down Bucephalus! Let’s go talk to my mentor.”

By LT John Callahan, MSC

Buzzwords come and go in the Military. Wannabe whatevers love them...it’s something new for them to write on their fitrep or eval. However, not all buzzwords are hollow adjectives used to glorify an up and comers ‘career.’ Some are actually useful, and at least one is rooted in antiquity.

In the early history of western civilization - before there were breath mints and pop tarts - King Philip of Macedon was off to war uniting the Greek City-States. In between battles he managed to father a son – Alexander.

Alexander was pretty smart. He rode Bucephalus throughout the countryside and played ‘Greeks and Persians’ with his friends. King Philip recognized Alexander’s potential and hired a remarkable scholar to mentor him – Aristotle. Aristotle ‘mentored’ Alexander in the classics of literature and philosophy. Later, after Philip’s untimely death, Alexander would conquer the known world before dying of malaria. Today we laude him as ‘Alexander the Great’ and recognize Aristotle as one of the great thinker-philosophers of the era.

Several years ago, our military leaders decided to incorporate a Mentor-based philosophy within our Uniformed Services. Since then, many young and not-so-young sailors have been mentored: some appropriately, some not.

As I see it, one mentors out of sense of honor and duty. There is no secondary gain for being a good mentor. One does not keep a list on the refrigerator as to who one mentors. One does not submit ‘Mentored Persons’ as inclusions for fitreps/evals/end of tours. One does not gossip about the shortcomings of their confidant. A mentor is not a switch turned off from command to command. A good mentor is lifelong. We counsel many, we educate many, we advise many, and we mentor few.

Jesus mentored twelve disciples – they changed the world.

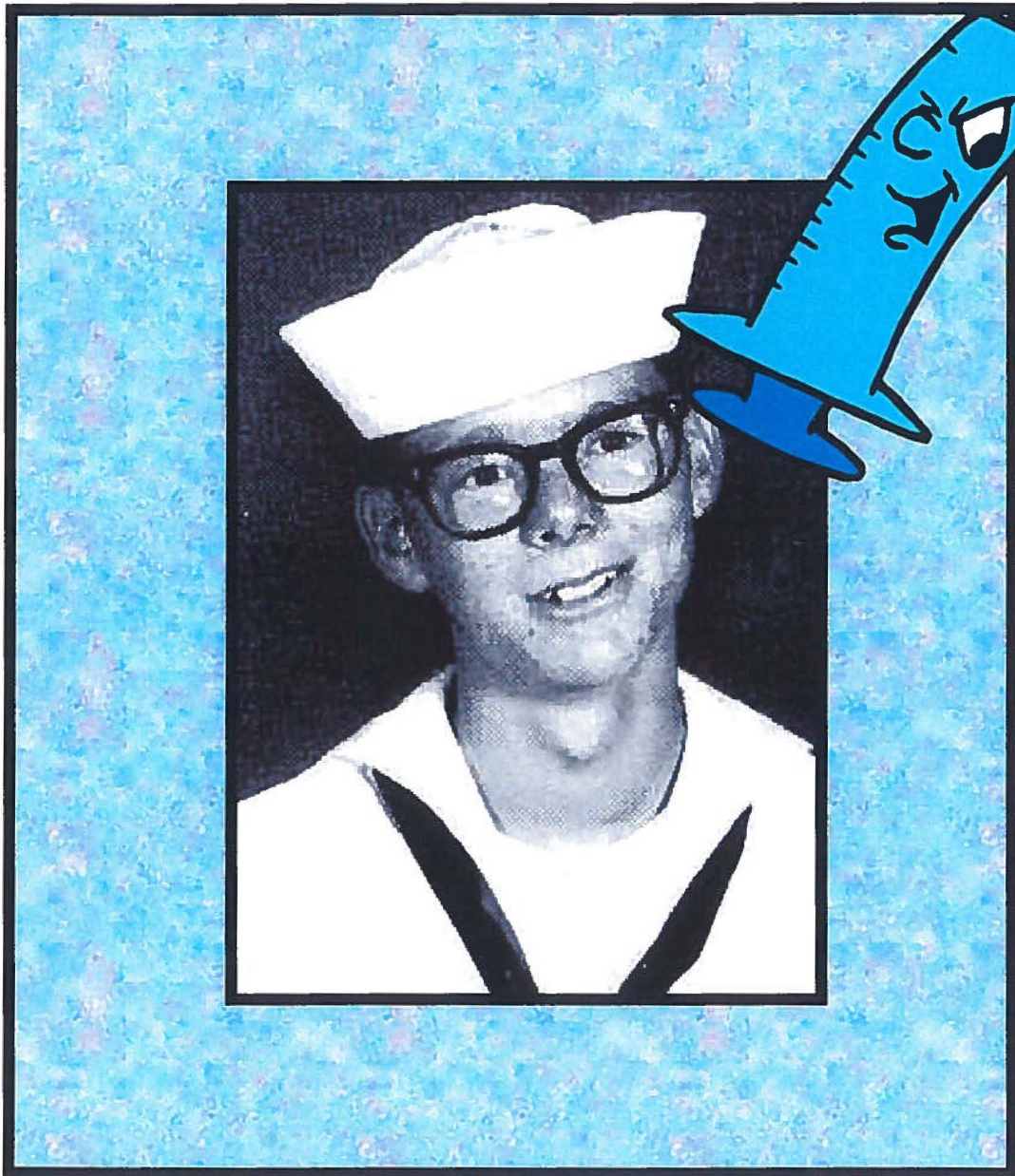
As you move along your Navy career, you have the potential to become a mentor. Honor the title. It is a privilege that is bestowed upon you by a trusting confidant.

If you’ve been in the Navy for sometime, and you have not been called at home for advice from a confidant half-way round the world, or received a thank you note or Christmas card from that same person, or helped that shipmate with their career planning even though you were last stationed together several sets of orders ago, then perhaps you are not the mentor that you should be. Is there such thing as a fair-weather mentor? A line of site only mentor? An only same branch of service member? I think not. Of course, communication is two way. We should feel obligated to reach out to our confidants too. If your phone bill does not have a call to Cuba or Japan etc ever now and again then perhaps you need to re-evaluate your mentorship.

Aristotle became a teacher, an advisor, and a surrogate father to a legendary historical figure. His efforts would not have been wasted if Alexander had become a sharecropper. Regardless of his station in life, Alexander had the opportunity to slow his horse down and speak to his mentor when he came upon difficult forks in the road of life. Our sailors deserve nothing less.



The Parting Shot



**This picture was taken before the advent of color photography, but it's somebody we all know and love - especially when we can't figure out why the lights aren't working. Can you guess who this Sailor is?
Hint - He packs a mean Tool Belt!!!!!!**